



LAFAYETTE ANIMAL CONTROL CENTER (LACC)  
P.O. BOX 4017C  
LAFAYETTE, LA 70502

## LACC CERTIFIED RESCUE AGREEMENT

*"WORKING TOGETHER TO SAVE AS MANY ANIMALS IN OUR COMMUNITY AS POSSIBLE"*

"Welcome", and thank you for choosing Lafayette Animal Control Center and joining with us to achieve our goal of attaining "better live release rates". As a result of what rescue groups have accomplished, and continue to accomplish each and every day, we are thrilled to have the chance to work with such successful individuals and groups towards a common goal.

Each Certified Rescue that chooses LACC and wishes to participate in this endeavor will be allowed **total and exclusive access to our facility at any time.**

For the purpose of uniformity, as well as insuring these animals are rescued by Certified Rescues, we have formulated what we feel is an appropriate agreement that will satisfy our mandated directive, as well as your needs.

I have attached a sample Rescue Contract, with supporting documentation, which will explain what staff feel would support a "good working relationship". I ask that you read this documentation carefully because it is the criteria that will be used to certify your rescue group.

If you should have any questions, or wish to discuss, please feel free to contact me at my office or on my cell at anytime.

Thank you for all that you do in the community, and welcome aboard!

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Virginia Lee/ACS  
Division Manager  
Lafayette Animal Control Center Supervisor

## Certified Rescue Information:

Name of  
Organization: \_\_\_\_\_

Type of Organization (Please check all that apply)

\_\_\_\_ Limited Intake  
\_\_\_\_ Open Intake  
\_\_\_\_ Purebred Rescue  
\_\_\_\_ All Breed Rescue  
\_\_\_\_ Independent Rescue  
\_\_\_\_ Other (specify): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Website: \_\_\_\_\_

Please indicate the breeds/types of animals accepted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any breeds that are NOT accepted by your organization? \_\_\_\_ Yes \_\_\_\_ No

Do you accept mixed breeds?: \_\_\_\_ Yes \_\_\_\_ No

Is your organization non-profit 501c3? \_\_\_\_ Yes \_\_\_\_ No If yes, supply Tax Exempt ID no.

National Headquarters: City \_\_\_\_\_ State \_\_\_\_\_ Phone: \_\_\_\_\_

Contact person: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Organization Contacts

Director/President:

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please indicate the preferred method of contact: \_\_\_\_ Phone \_\_\_\_ E-mail

Primary Animal Intake Contact Person:

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please indicate the preferred method of contact: \_\_\_\_ Phone \_\_\_\_ E-mail

Secondary Intake Contact Person:

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please indicate the preferred method of contact \_\_\_\_ Phone \_\_\_\_ E-mail

## Certified Rescues Policies & Procedures

What housing do you provide for rescued animals? (Please check all that apply):

\_\_\_\_ Foster Homes  
\_\_\_\_ Boarding Kennels  
\_\_\_\_ Rescue Facility/Shelter

If Rescue Facility/Shelter:

How many animals are currently housed in the facility? \_\_\_\_ Dogs \_\_\_\_ Cats \_\_\_\_ Other

What is the maximum capacity (total no. of spaces)? \_\_\_\_ Indoor \_\_\_\_ Outdoor

What is the average sq. feet (approximate) of floor space available per animal? \_\_\_\_ Dogs \_\_\_\_ Cats

Is your facility in compliance with all applicable federal, state, and local laws? \_\_\_\_ Yes \_\_\_\_ No

How many active volunteers does your organization have? \_\_\_\_ Full-time \_\_\_\_ Part-time

What is the average number of volunteer hours logged per week? \_\_\_\_\_

What is the average length of time that animals are with you before being adopted? \_\_\_\_\_

Does your organization enforce a time limit? \_\_\_\_ Yes \_\_\_\_ No

If yes, please specify \_\_\_\_\_

Approximately how many animals can your organization accommodate at one time? \_\_\_\_\_

Does your organization breed any animals? \_\_\_\_ Yes \_\_\_\_ No  
Does your organization show any animals? \_\_\_\_ Yes \_\_\_\_ No  
Does your organization spay/neuter ALL animals prior to adoption? \_\_\_\_ Yes \_\_\_\_ No  
If no, please specify your organization's adoption policies regarding spay/neuter:

Does your organization accept heartworm positive dogs? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please describe provisions that your organization makes towards treatment:

Are there behavioral problems that will not be accepted?: \_\_\_\_ Yes \_\_\_\_ No  
If yes, please specify:

### **Adoption Policies & Procedures**

What does your organization require of a prospective adopter? (Please check all that apply)

- \_\_\_\_ Written Application
- \_\_\_\_ Personal Interview
- \_\_\_\_ Veterinary Reference Check
- \_\_\_\_ Landlord Approval (when applicable)
- \_\_\_\_ Home Ownership Verification (when applicable)
- \_\_\_\_ Home Visit
- \_\_\_\_ Mandatory Spay/Neuter Surgery
- \_\_\_\_ Post-Adoption Follow Up
- \_\_\_\_ Adoption Fee

What are your adoption fees? \_\_\_\_\_

What costs does this fee cover? \_\_\_\_\_

Does your organization require that animals be returned to you in the event of an unsuccessful adoption?

\_\_\_\_ Yes \_\_\_\_ No

Approximately how many successful adoptions were completed last year?: \_\_\_\_\_

Please indicate other relevant information regarding your adoption practices:

### **Veterinary Partnership**

Does your organization work with a specific veterinarian/clinic? \_\_\_\_ Yes \_\_\_\_ No

If yes, Veterinary Clinic Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Treating Veterinarian: \_\_\_\_\_ May we contact this veterinarian?: \_\_\_\_ Yes \_\_\_\_ No

Please attach: Fax ALL to (337) 291-7051 or e-mail to [animalcontrolgroup@lafayettela.gov](mailto:animalcontrolgroup@lafayettela.gov)

- \_\_\_\_ Mission Statement
- \_\_\_\_ 501c3 IRS Classification Document
- \_\_\_\_ Adoption Application
- \_\_\_\_ Adoption Contract (if applicable)

I hereby acknowledge that all of the above questions have been answered truthfully and to the best of my ability. I also acknowledge that I am authorized to sign on behalf of the named organization and have full knowledge of its internal policies and procedures.

Signature \_\_\_\_\_ Date \_\_\_\_\_